

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Western Horizons Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Hwy 12 Hettinger, ND 58639	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>46477</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to assess for self-administration of medications for 1 of 1 supplemental resident (Resident #19) observed with medications at bedside. Failure to evaluate the resident's ability to safely self-administer medications may result in medication errors and/or harm to the resident.</p> <p>Findings include:</p> <p>Review of the facility policy Resident Self-Administration of Medication occurred on 07/24/24. This policy, dated August 2017, stated, . Each resident who desires to self-administer medication may be permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility. Self-administration should be written in the care plan once safety has been established.</p> <p>Observation on 07/21/24 at 3:09 p.m., showed one bottle of Visine [eye drop], one bottle of Clear Eyes [eye drop] and one small container of Vicks [vapor rub] in an open bedside dresser drawer, all the containers were unlabeled.</p> <p>Review of Resident #19's medical record occurred on all days of survey. The record lacked an assessment and a physician's order for Resident #19 to self-administer medications and lacked orders for all three medications.</p> <p>During an interview on 07/24/24 at 12:17 p.m., an administrative nurse (#1) confirmed the facility failed to complete an assessment and obtain a physician's order for Resident #19 to self-administer medications, and stated she would expect the facility to assess the resident's ability to independently administer these medications.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>27221</p> <p>Based on record review and review of Medicare Part A letters/notices, the facility failed to ensure the resident and/or their representative completed the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNFABN) for 1 of 3 residents (Resident #40) reviewed for termination of Medicare Part A services. Failure to ensure the completion of the SNFABN limited the resident/representative's ability to exercise their rights regarding Medicare Part A services.</p> <p>Findings include:</p> <p>Review of Medicare Part A beneficiary notices identified Resident #40 discharged from Medicare Part A on 03/20/24. The SNFABN failed to identify if the resident/her representative chose to continue services, discontinue services, or request a demand bill.</p> <p>Review of Resident #40's medical record occurred on 07/24/24. The record lacked documentation indicating whether the resident/resident representative wanted services to continue with the understanding they would be responsible for payment or wanted services to discontinue when the Medicare Part A coverage ended.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46477</p> <p>Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 2 of 13 sampled residents (Resident #11 and #32). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the accurate development of a comprehensive care plan and the care provided to the residents.</p> <p>Findings include:</p> <p>SECTION N: MEDICATIONS</p> <p>The Long-Term Care Facility RAI User's Manual, revised October 2023, pages N-6 to N-7 stated, . N0415: High-Risk Drug Classes: Use and Indication . Coding Instructions . N0415B1. Antianxiety: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period . N0415C1. Antidepressant: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period . N0415D1. Hypnotic: Check if a hypnotic medication was taken by the resident at any time during the 7-day look-back period . N0415F1. Antibiotic: Check if an antibiotic medication was taken by the resident at any time during the 7-day look-back period.</p> <p>- Review of Resident #11's medical record occurred on all days of survey. The annual MDS, dated [DATE], showed the facility coded N0415C1 and N0415F1, indicating the resident received an antidepressant and antibiotic during the seven-day look back period. The medical record failed to identify an antidepressant or an antibiotic administered in the look-back period.</p> <p>- Review of Resident #32's medical record occurred on all days of survey.</p> <p>The quarterly MDS, dated [DATE], showed the facility coded N0415B1 indicating the resident received an antianxiety during the seven-day look back period. The medical record failed to identify an antianxiety administered during the look-back period.</p> <p>The Resident's #32's Medicare five-day MDS, dated [DATE], showed the facility coded N0415B1 and N0415D indicating the resident received a hypnotic during the seven-day look back period. The medical record failed to identify an antidepressant or hypnotic administered during the look-back period.</p> <p>During an interview on 07/24/24 at 12:17 p.m., an administrative nurse (#1) confirmed staff coded Section N of the MDS's incorrectly for Resident #11 and Resident #32.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>46477</p> <p>Based on record review and staff interview, the facility failed to ensure an accurate Pre-Admission Screening and Resident Review (PASARR) for 1 of 2 sampled residents (Resident #31) reviewed with PASARR services. Failure to accurately complete the PASARR screening created the potential for not identifying/providing needed mental health services.</p> <p>Findings include:</p> <p>Review of Resident #31 medical record occurred on all days of survey. Admission diagnoses included dementia, anxiety, dissociative identity disorder, major depression, PTSD [post-traumatic stress disorder], and bipolar disorder.</p> <p>A Level 1 PASARR screening completed by the facility prior to admission failed to include Resident #32's diagnoses of PTSD and bipolar disorder.</p> <p>During an interview on 07/24/24 at 12:17 p.m., an administrative staff (#1) stated he/she would expect provider diagnoses to be reviewed and entered correctly on the PASARR screening.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39687</p> <p>Based on observation, record review, review of facility policy, and staff interview, the facility failed to review and revise care plans for 3 of 13 sampled residents (Resident #3, #9 and #36). Failure to review and revise the care plan limited staff's ability to communicate needs, ensure the continuity of care, and may negatively impact the care provided to residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled COMPREHENSIVE CARE PLANS occurred on 07/24/24. This policy, dated 01/30/18, stated, The facility will develop and implement a baseline care plan for each resident . 6. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS (Minimum Data Set) assessment, and any significant changes. 7. The comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs.</p> <p>- Review of Resident #3's medical record occurred on all days of survey. Diagnoses included malignant neoplasm of unspecified site of right female breast cancer. An admission Minimum Data Set (MDS) dated [DATE], identified a weight loss of 5% or more in the last month or 10% or more in last 6 months.</p> <p>A nutrition/dietary Note, dated 07/03/24, stated, . Nutr. [nutrition] Dx [diagnosis]: Unintentional wt. [weight] loss r/t [related to] poor appetite, nausea & [and] vomiting w/ [with] reduced oral intake secondary to chronic medical condition (cancer) as evidenced by approximate 20 lb [pound] or 9.5% unintentional wt. loss in 6 months or less per patient report and confirmed via past weight records .</p> <p>Resident #3's care plan lacked a problem, goals, and interventions related to weight loss.</p> <p>During an interview on 07/24/24 at 9:09 a.m. an administrative staff member (#1) confirmed staff failed to update Resident #3's care plan with a problem, goals, and interventions related to weight loss.</p> <p>- Observation on all days of survey showed Resident #9 without dentures.</p> <p>Review of Resident #9's medical record occurred on all days of survey. Diagnoses included Bipolar Disorder, Anxiety Disorder, Mood Disorder, Spinal Stenosis, and Weakness. The current care plan stated: Focus: [resident name] has an ADL (Activities of Daily Living) self-care performance deficit . Interventions: ORAL CARE: [resident name] has upper dentures . needs substantial assistance to complete oral care. Coordinate arrangements for dental care.</p> <p>A Mini Nutritional Assessment completed on 05/06/24 showed a score of 5.0 which indicated Resident #9 malnourished. The care plan lacked nutritional interventions.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/22/24 at 9:30 a.m., Resident #9 stated she has upper dentures which do not fit right and would like to have new shiny ones that work.</p> <p>During an interview on 07/24/24 at 10:30 a.m., a certified nurse aide (CNA) (#2) stated Resident #9 did not have dentures for a long time.</p> <p>- Review of Resident #36's medical record occurred on all days of survey. Diagnoses included Chronic Kidney Disease, Hypertension, Edema, Diabetes, Altered Mental Status, and Anemia. The care plan lacked problems, goals and interventions related to diabetes, diuretic use, anemia, and excessive weight loss.</p> <p>During an interview on 07/24/24 at 11:45 a.m., an administrative staff member (#1) confirmed resident's care plans have not been reviewed/or revised timely.</p> <p>47896</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46477</p> <p>Based on observation, review of facility policy, resident and staff interviews, the facility failed to ensure an environment free of accident hazards for 1 of 1 supplemental resident (Resident #19) observed with a torn and raised strip of flooring. Failure to ensure flooring is in good repair may result in falls and/or injury.</p> <p>Findings include:</p> <p>Review of the facility policy titled Falls occurred on 07/24/24. This policy, dated October 2018, stated, . [Facility name] provides an environment free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents.</p> <p>Observation on 07/21/24 at 2:04 p.m., showed an approximately 15 inch length, torn and raised strip of laminate flooring in front of Resident #19's recliner.</p> <p>During an interview on 07/21/24 at 3:09 p.m., Resident #19 stated that the floor had been like that for some time. Resident #19 state that he should ask for assistance, as he has a history of falls, but will self-transfer from the recliner to the wheelchair.</p> <p>During an interview on 07/24/24 at 12:17 p.m., an administrative staff member (#1) confirmed the flooring will need replacement as soon as possible.</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>46477</p> <p>47896</p> <p>Based on record review, review of facility policy, and staff interview, the facility failed to identify a history of trauma, and/or trauma triggers for 2 of 2 sampled residents (Resident #4 and #31) reviewed for Post-Traumatic Stress Disorder (PTSD) and/or Trauma. Failure to identify a resident's history of trauma and/or trauma triggers may cause re-traumatization.</p> <p>Findings include:</p> <p>Reviewed of a facility policy titled Trauma-Informed Care occurred on 07/23/24. This policy, implemented 05/01/19, stated . WHCC [West Horizen Care Center] will have sufficient staff with the appropriate competencies and skill sets to provide nursing and related services. These competencies and skill sets will include . Develop a care plan to address past trauma which is driven by triggers for trauma (per resident and family). If a resident has experienced trauma in the past, interventions will be put in place on the care plan to assist in coping with the triggers of a past trauma. Care plan will be updated as necessary to include interventions if new triggers arise.</p> <p>- Review of Resident #4's medical record occurred on all days of survey. Diagnoses included PTSD. A physician's order stated Venlafaxine HCl ER [hydrochloride] [extended release] (an antidepressant medication) Give 150 mg [milligrams] by mouth in the morning for depression, anxiety related to POST TRAUMATIC STRESS DISORDER, CHRONIC.</p> <p>A psychiatry provider note, dated 04/22/24, stated, . Recheck of Anxiety disorders. Onset followed traumatic event (TBI) [Traumatic Brain Injury]. Currently the symptoms occur monthly and last for hours. Associated symptoms include poor concentration, irritability, and depression symptoms .</p> <p>Resident #4's medical record lacked a trauma assessment, identification of potential triggers, and a trauma care plan.</p> <p>- Review of Resident #31's medical record occurred on all days of survey. Diagnoses included PTSD. The admitting MDS [Minimum Data Set] dated 12/04/23 identified a diagnosis of PTSD. The current care plan included PTSD as a diagnosis but failed to identify triggers and interventions to prevent re-traumatization.</p> <p>A psychiatry provider note, dated 11/09/23, stated, . Past Medical History . PTSD.</p> <p>Resident #31's medical record lacked a trauma assessment, potential triggers, and a trauma care plan.</p> <p>During an interview on 07/24/24 at 9:09 a.m. an administrative staff member (#1) confirmed they would have expected staff to interview family and/or the resident, if applicable, and review psych notes for potential triggers related to the resident's diagnosis of PTSD.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39687</p> <p>Based on observation, record review, review of facility policy, and resident and staff interview, the facility failed to assist in obtaining dental care to meet the needs of 1 of 2 sampled residents (Resident #9) with ill fitting dentures. Failure to assist the resident in making an appointment, may result in chewing difficulties and/or eating difficulties, and unplanned weight loss.</p> <p>Findings include:</p> <p>Review of the facility policy titled DENTAL SERVICES occurred on 07/24/24. This policy, dated 09/01/07, stated, Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care . 6. Social Services personnel will be responsible for assisting the resident/family in making dental appointments and transportation as necessary .</p> <p>Observation on all days of survey showed Resident #9 without dentures.</p> <p>Review of Resident #9's medical record occurred on all days of survey. A quarterly minimum data set (MDS), dated [DATE], identified mouth or facial pain, discomfort or difficulty with chewing. The current care plan stated, . Focus: [resident name] has an ADL (activities of Daily Living) self-care performance deficit . Interventions: ORAL CARE: [resident name] has upper dentures . needs substantial assistance to complete oral care. Coordinate arrangements for dental care.</p> <p>An Oral/Dental Assessment, dated 03/20/24, identified Resident #9's last dental exam as 06/05/23.</p> <p>A Mini Nutritional Assessment, dated 05/06/24, identified a score of 5.0 which indicated Resident #9 is malnourished.</p> <p>A weight change note, dated 05/06/24, identified Resident #9 triggered for a 10% weight loss in 180 days.</p> <p>During an interview on 07/22/24 at 09:30 a.m., Resident #9 stated she has upper dentures which do not fit right and she would like to have new shiny ones that work.</p> <p>During an interview on 07/24/24 at 10:30 a.m., a certified nurse aide (CNA) (#2) stated Resident #9 did not have dentures for a long time.</p> <p>During an interview on 07/24/24 at 11:40 a.m., an administrative staff member (#1) stated Resident #9 often refused appointments and confirmed the record lacked documentation of the refusals.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>27221</p> <p>Based on record review, review of facility policy, review of resident council meeting minutes, and staff interview, the facility failed to ensure resident allergens/preferences were communicated to dietary staff for 2 of 13 sampled residents (Resident #6 and #31). Failure to ensure resident allergens/preferences were communicated to staff may result in residents experiencing an intolerance to a specific food, a moderate-to-severe allergic reaction, and/or inadequate nutrition.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Allergies and Intolerances occurred on 07/24/24. This policy, revised 05/18/09, stated, . Residents with food allergies and/or intolerances will be identified upon admission and steps will be taken to prevent resident exposure to the allergen(s). Food allergies can trigger moderate allergic reactions . or can be severe and life threatening. Food intolerances are unpleasant reactions to specific foods .</p> <p>Review of the facility policy titled Resident Food Preferences occurred on 07/24/24. This policy, revised 09/01/07, stated, . nursing staff will identify a resident's food preferences. The resident's clinical record . will document the resident's likes and dislikes and special dietary instructions .</p> <p>- Review of the Resident Council Meeting Minutes, dated 06/25/24, stated, . [Resident #6] requested not being served asparagus or broccoli .</p> <p>Review of Resident #6's medical record occurred on 07/24/24. The record identified an allergy to medications and no food preferences. Review of Resident #6's diet card occurred on 07/22/24 at 10:25 a.m. The diet card failed to include any known food preferences.</p> <p>- Review of Resident #31's medical record occurred on 07/24/24. The record identified an allergy to mushrooms and no food preferences. Review of Resident #31's diet card occurred on 07/22/24 at 10:25 a.m. The diet card failed to include any known food allergies or preferences.</p> <p>During an interview on 07/22/24 at 10:25 a.m., when asked if any of the residents had a known food allergy, a dietary staff member (#4) reported, [Resident #31] is allergic to mushrooms. The dietary staff member (#4) confirmed Resident #31's diet card failed to include any food allergies or preferences.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>27221</p> <p>Based on observation, review of facility policy, and staff interview, the facility failed to prepare and/or store food in a sanitary manner in 1 of 1 kitchen and 2 of 2 kitchenettes. Failure to ensure proper concentration of the sanitizer solution and failure to apply an identifying label and/or open date to food items has the potential to affect food quality/preparation and may result in the spread of foodborne illness to residents, staff, and visitors.</p> <p>Findings include:</p> <p>SANITIZING FOOD PREP AREAS</p> <p>During an interview on 07/22/24 at 10:25 a.m., when asked to test the solution in the sanitizing bucket, a dietary staff member (#4) stated, EcoLab was here a couple of weeks ago to replace some parts [of the automatic dispenser]. The sanitizer is not working. The sanitizer bucket isn't right. I just have hot water in there.</p> <p>LABELING/DATING FOODS</p> <p>Review of the facility policy titled Food Receiving and Storage occurred on 07/24/24. This policy, revised 05/18/09, stated, . Food shall be . stored in a manner that complies with safe food handling practices. All foods stored in the refrigerator or freezer will be covered, labeled and dated .</p> <p>Observations on 07/21/24 at 12:15 p.m. and 2:10 p.m. and on 07/22/24 at 10:25 a.m. showed the following:</p> <ul style="list-style-type: none"> * [NAME] Kitchenette Refrigerator <ul style="list-style-type: none"> - cranberry juice with a resident's name, but no open date - a sandwich and two slices of pie undated * Kitchen Silver Refrigerator <ul style="list-style-type: none"> - noodles undated * Kitchen Big Chest Freezer <ul style="list-style-type: none"> - staff identified cod in an unsealed bag undated * Kitchen Little Chest Freezer near Big Chest Freezer <ul style="list-style-type: none"> - churros undated * Kitchen Chest Freezer near Kitchen <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - bread dough and garlic bread undated * Kitchen Chest Freezer near Water Heater - donuts undated * Kitchen Upright Freezer - staff identified chicken cordan blue, chicken strips, and fish sticks with no identifying label or date - corn dogs in an unsealed bag - staff identified pork patties with no open date <p>During an interview on 07/21/24 at 12:15 p.m. and 2:10 p.m., a dietary staff member (#3) confirmed she expected staff to label and date food items when opened and throw away outdated food items.</p> <p>During an interview on 07/22/24 at 10:25 a.m., a dietary staff member (#4) also confirmed she expected staff to label and date food items when opened and throw away outdated food items.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 355042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Western Horizons Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Hwy 12 Hettinger, ND 58639	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>27221</p> <p>Based on observation, review of the North Dakota Plumbing Code, and staff interview, the facility failed to provide an air gap for 2 of 2 multi-compartment sinks observed in the main kitchen. Failure to provide the required air gap for a multi-compartment sink has the potential to allow contamination of the sink in the event of a sewer back-up.</p> <p>Findings include:</p> <p>Review of the 2018 North Dakota Plumbing Code, Section 801.2 Air Gap or Air Break Required, stated, Indirect waste piping shall discharge into the building drainage system through an air gap or air break as set forth in this code. Where a drainage air gap is required by this code, the minimum vertical distance as measured from the lowest point of the indirect waste pipe or the fixture outlet to the flood-level rim of the receptor shall be not less than 1 inch (25.4 mm). Section 801.3.3 Food-Handling Fixtures, stated, Food-preparation sinks, steam kettles, potato peelers, ice cream dipper wells, and similar equipment shall be indirectly connected to the drainage system by means of an air gap. Bins, sinks, and other equipment having drainage connections and used for the storage of unpackaged ice used for human ingestion or used in direct contact with ready-to-eat food, shall be indirectly connected to the drainage system by means of an air gap. Each indirect waste pipe from food-handling fixtures or equipment shall be separately piped to the indirect waste receptor and shall not combine with other indirect waste pipes. The piping from the equipment to the receptor shall be not less than the drain on the unit and in no case less than 1/2 of an inch (15 mm).</p> <p>Observations on all days of survey showed the end of a two-compartment sink drainpipe joined with the end of a three-compartment sink drainpipe ending approximately two inches below the rim of a cut out in the tiled flooring that contained the floor drain. The facility failed to provide the required air gap for the multi-compartment sinks.</p> <p>During an interview on 07/21/24 at 12:15 p.m., a dietary staff member (#3) indicated the three-compartment sink was used to thaw something in water and to drain vegetables.</p> <p>During an interview on 07/22/24 at 10:25 a.m., a dietary staff member (#4) indicated the two-compartment sink was used for food prep.</p> <p>During an interview on 07/24/24 at 7:45 a.m., a maintenance staff member (#5) reported a plumber recently worked on the drainpipe and informed him that's how it has to be.</p>		

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NAME OF PROVIDER OR SUPPLIER Western Horizons Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Hwy 12 Hettinger, ND 58639	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>27221</p> <p>Based on observation, review of facility policy, and resident and staff interviews, the facility failed to maintain an effective pest control barrier for 1 of 1 kitchen and 1 of 2 dining rooms (West). Failure to maintain the integrity of the doors has the potential to allow the entrance of mice and other pests.</p> <p>Finding included:</p> <p>Review of the facility policy Pest Control occurred on 07/24/24. This policy, dated 01/01/09, stated, . This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. Windows are screened at all times.</p> <p>During an interview on 07/21/24 at 1:38 p.m., Resident #31 indicated there is an ant and fly problem in the west dining room and the facility was not doing anything about it.</p> <p>Observations showed the following:</p> <p>* 07/21/24 at 12:15 p.m., Rows of glasses air-drying on a shelved cart in the dishwashing area with two flies walking across the clean glasses and gnats flying in the food prep area in the kitchen.</p> <p>* 07/21/24 at 1:52 p.m., Several dead flies and gnats lying on the window ledge and floor and a large winged bug on the floor near the ice machine in the west dining room.</p> <p>* 07/22/24 10:21 a.m., Ants and a centipede crawling on the west dining room floor.</p> <p>* During the evening meal on 07/22/24, a menu plan located on the hood of the steam table with two flies walking across the paper and flying under the hood and directly above the food. A dietary staff member (#4) attempted to deter the flies from landing on the food.</p> <p>Observation on all days of survey showed:</p> <p>* Several gnats crawling/flying on or near the plants in the plant center near the facility entrance.</p> <p>* An open window with no screen in a glass-enclosed entrance to the dining room with visible gaps between the interior door and door frame.</p> <p>During an interview on 07/21/24 at 12:15 p.m., a dietary staff member (#3) stated, We have both bugs, flies and gnats, and mice. I haven't seen that many gnats today. We found a mouse in the sticky trap last week. The back door doesn't fit the foundation. You can see dirt coming through.</p> <p>During an interview on 07/22/24 at 7:45 a.m., a maintenance staff member (#5) stated, The delivery guys don't close the door [kitchen entrance] behind them. I am going to replace the weather strip on the door to the outside. We had one mouse this year.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46477</p>